

Early On® 家长同意书
Early On® Parental Consent

评价/评估类型

Assessment/Evaluation Type

- 初始评估
- Initial Evaluation
- 初始评价
- Initial Assessment
- 持续资格评估
- Evaluation for Ongoing Eligibility
- 正在进行的评估
- Ongoing Assessment

儿童和家长/监护人信息

Child and Parent/Guardian Information

儿童的法定姓名：

Child's Legal Name:

出生日期：

Birth Date:

家长/监护人姓名：

Parent/Guardian Name:

信息

Information

密歇根州 *Early On* 有助于确保有资格的儿童获得健康、成长和培养适当技能所需的服务。要弄清您孩子是否有资格享受 *Early On* 的服务**或评价您孩子的发展**，将在以下方面对您孩子进行评估：

Early On Michigan helps to make sure eligible children get the services they need to be healthy, grow and develop appropriate skills. To find out if your child qualifies for services from *Early On*, **or to assess your child's development**, your child will be evaluated in the following areas:

- 沟通：
- Communication:
 - ▶ 您的孩子如何理解他人的意思并让您知道其想要什么。
 - ▶ how your child understands and lets you know what he/she wants.
- 社交情感：
- Social-Emotional:
 - ▶ 您孩子如何与家人和他人相处。
 - ▶ how your child gets along with family members and other people.

- 认知 :
- Cognitive:
 - ▶ 您孩子如何思考和解决问题。
 - ▶ how your child thinks and solves problems.
- 适应性 :
- Adaptive:
 - ▶ 您孩子如何完成穿衣、进食和如厕等任务。
 - ▶ how your child performs tasks such as dressing, feeding, and toileting.
- 身体 :
- Physical:
 - ▶ 运动 – 您孩子如何移动。
 - ▶ *Motor* – how your child moves.
 - ▶ 健康状况 – 审查孩子的健康史和状况，包括视力和听力筛查。
 - ▶ *Health Status* – review of your child’s health history and status, including vision and hearing screening.

您最了解自己的孩子，并可以提供关于孩子的重要信息。此外，可能会要求您孩子的医生和认识您孩子的其他人提供有关优势、需求、健康和发育方面的信息。*Early On* 只有在您允许情况下才收集有关您孩子的信息。

You know your child best and can provide important information about your child. Additionally, your child’s doctor and others who know your child may be asked to provide information about strengths, needs, health and development. *Early On* only gathers information about your child with your permission.

收集的信息保存在 *Early On* 机密记录中。有关 *Early On* 如何运作和您的家庭权利的更多信息，请访问 1800earlyon.org 网站的 [Early On 密歇根州家庭资源](#) 网页。

The information gathered is kept in a confidential *Early On* record. More information about how *Early On* works and your family’s rights is located on the [Early On Michigan Family Resources](#) webpage of the 1800earlyon.org website.

同意 Consent

请指出是否同意以下相关陈述：

Please indicate Yes or No for the following statements that apply:

- 我想了解孩子和家庭是否有资格参加或继续留在密歇根州 *Early On* 中。
- I would like to learn if my child and family are eligible to participate or continue in *Early On* Michigan.

是 否 我同意评估/评价孩子的能力。
Yes No I consent to the evaluation/assessment of my child's abilities.

是 否 我同意对医学、教育或其他记录进行审查，以协助对我的孩子进行评估/评价。
Yes No I consent to the review of medical, educational or other records to assist in the evaluation/assessment of my child.

是 否 我了解此同意书
Yes No I understand this consent form

- 我不同意对我的孩子进行评估/评价。我知道不会对我的孩子进行 *Early On* 资格评估。我知道，未经同意和评估，不会制定个性化家庭服务计划 (IFSP)，因此我们不会获得密歇根州 *Early On* 提供的服务。
- I do not give consent for an evaluation/assessment of my child. I understand that my child will not be evaluated for *Early On* eligibility. I understand that without consent and evaluation, an Individualized Family Service Plan (IFSP) will not be developed and we will not receive services available through *Early On* Michigan.

家长/监护人签名：
Signature of Parent/Guardian:

日期：
Date:

Early On 代表：
Early On Representative:

日期：
Date: